SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits.

Article Addressed to:

Robert + Carotone Micks 555 Asset Parkusu Scinford, Nr. 27332



- 2. Article Number (Transfer from service label)
 - 7019 2970 0000 1863

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent ☐ Addressee

B Received by (Printed Name) COBERT L HICKS + C. Date of Delivery 6 AUG 25

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes П No

- 3. Service Type
- ☐ Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail®

☐ Collect on Delivery Restricted Delivery

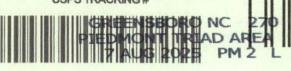
- ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery
 - sured Mail sured Mail Restricted Delivery

ver \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™ ☐ Registered Mail Restricted
- Delivery Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#





First-Class Mail Postage & Fees Paid USPS

7 7 5 Permit No. 0-10

9590 9402 8519 3186 8221 42

United States Postal Service

Sender: Please print your name, address, and ZIP+4® in this box

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

